PRE- AND POST-TEST COUNSELING FOR HIV

In section -209 of Chapter 246-100 of the Washington Administrative Code, the revised rules require a "client-centered" approach to pre- and post test HIV counseling. Required elements include: (1) an individualized risk assessment; and (2) assisting the patient establish realistic behavior change goals that reduce the risk of transmitting or acquiring HIV and providing risk reduction skills building opportunities. Each of these requirements is discussed below.

Risk Assessment Of The Individual Patient

A client's individual HIV risk can be determined through risk screening based on self-reported behavioral risk and clinical signs or symptoms. Behavioral risks include injection-drug use or unprotected intercourse with a person at increased risk for HIV. Clinical signs and symptoms include those suggestive of HIV infection and other STDs.

Behavioral risks can be identified either through open-ended questions by the provider, or through screening questions (i.e., a self-administered questionnaire).

"What are you doing now or what have you done in the past that you think may put you at risk of HIV infection?" is an example of an open-ended question.

Examples of screening questions are: "Since your last HIV test (if ever) have you

__ injected drugs and shared equipment (e.g., needles, syringes, cotton, water) with others?

__ had unprotected intercourse with someone that you think might be infected?

__ had unprotected vaginal or anal intercourse with more than one sex partner?"

This is not a comprehensive listing of risk screening questions.

Assist The Patient Set Risk Reduction Change Goals And Support Skills Building

The behavior change goals should be: (1) based on the individual's risk; (2) perceived as realistic by the patient; and (3) based on the person's readiness and capability to change behavior.

Depending upon the person's readiness for change, counseling can be simple and brief or can be complex and lengthy. In many clinical practice settings, time restraints only permit brief and simple counseling.

As an example, for a patient who has yet to contemplate behavior change, a realistic goal might be helping the patient recognize which of their own behaviors place them at risk of HIV. Skill building could assist the patient self-identify situations where the risk behavior is practiced.

Another patient may be farther along the behavior change continuum and has identified specific behaviors they wish to change. Support for those contemplated changes is appropriate. A relevant goal might be to identify barriers to the behavior change and help the patient self-identify solutions. Demonstrating how to use a condom or how to discuss condom use with a new partner could be examples of building skills.

For those patients with complex needs beyond the counseling skills of the provider or beyond the time available for the provider, referral to other resources in the community should be arranged.